# APM ePermitting Guidebook

Chemical Permit Application for Non-Private Sites (3200-004)	2
Home Tab	
Contacts Tab	4
Site Tab	7
Application Tab	9
Attachments Tab	13
Payment Tab	15
Signature Tab	16
Chemical Permit Application for Private Sites (3200-155)	17
Home Tab	17
Contacts Tab	19
Site Tab	21
Application Tab	23
Attachments Tab	26
Payment Tab	27
Signature Tab	27
Mechanical/Manual Permit Application (3200-113)	28
Home Tab	28
Contacts Tab	30
Site Tab	33
Application Tab	35
Attachments Tab	37
Payment Tab	39
Signature Tab	40
Chemical Treatment Record (3200-111)	41
Home Tab	41
Treatment Tab	43
Attachments Tab	46
Signature Tab	47

# Chemical Permit Application for Non-Private Sites (3200-004)

Navigate to the <u>ePermitting site</u> and select the Aquatic Plant Management permit category on the left side. The following screen will appear:

Aquatic Plant Management  NOTE: Missing or incomplete fields are highlighted at the bottom of each page. You may save, close and return to your draft permit as often as necessary to complete your application. If there are no updates in 90 days, your draft is deleted						
I	PLEASE NOTE: You must complete the section below before cont	inuing.				
Site or Project Name:		A .				
	The permit application will be saved automatically with this name					
Activity	Select Activity ★ ▼					
Activity  Select Activity  Before completing your APM permit application, the DNR encourages applicants to contact their local APM Contact: http://dnr.wi.gov/lakes/contacts/Contacts.aspx?role=AP_MNGT						

## **Home Tab**

## **Site or Project Name:**

Enter name of the waterbody/wetland site to be treated.

#### **Activity:**

Select Chemical Control Application.

The permit is now saved under your drafts and the following screen will appear:

	or incomplete fields ar ates in 90 days, your			atic Plant N age. You may save, cl			ften as necessary to complete your application. If
Home	Contacts	Site	Application	Attachments	Payment	Signature	
	Р	LEASE NO	TE: You mus	t complete the	e section be	low before o	ontinuing.
	oject Name:		pplication will be	saved automatical	y with this name	2	
Activity  Eligibility: (All questions m be considered a	ust be no for it to	Is there Will the	Chemical Control Application  Is there more than one property owner?  Will there be uncontrolled surface water discharge?  One of the water body have public access?  One of the water body have public access?				
	pleting your Al gov/lakes/conta				es applicants	to contact the	ir local APM Contact:
Enter previous years permit information below to import Contact Information (Optional)  Permit ID #: NE-2020-12-3456							
Busine	ess Certificat	ion Numb	er: 93-1234	56-789123			
How to lo	ocate last years pe	<u>ermit</u>					
Impo	ort Permit						

## **Eligibility**:

Answer questions based on the proposed treatment site. You must answer the questions before proceeding.

Note: If all answers are "no", the site is considered private and you will be automatically directed to the private pond form. Please see <u>Instructions for Chemical Permit Application Private Sites (3200-155)</u>

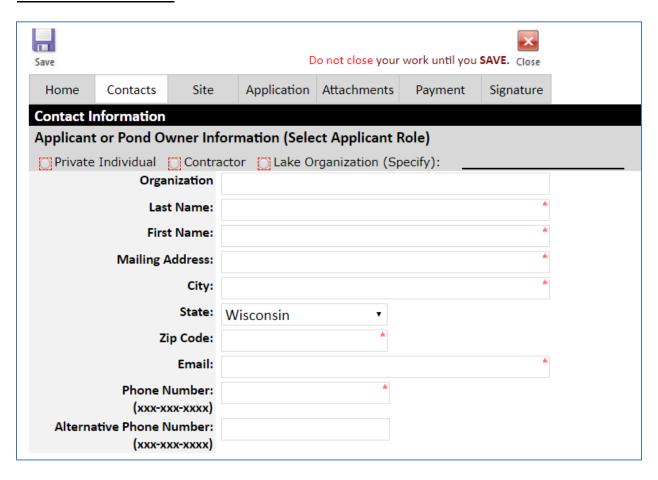
## **Enter previous years information (Optional)**

To autofill the administrative information from a previous permit, enter previous permit number and your business certification number and click *Import Permit*.

Click *Contacts* Tab to proceed.

## **Contacts Tab**

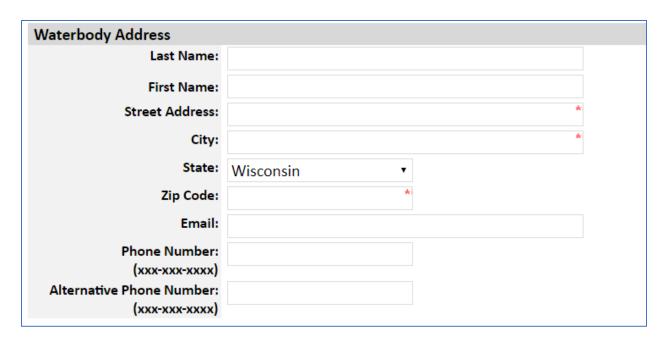
## **Contact Information**



## **Applicant or Pond Owner Information (Select Applicant Role)**

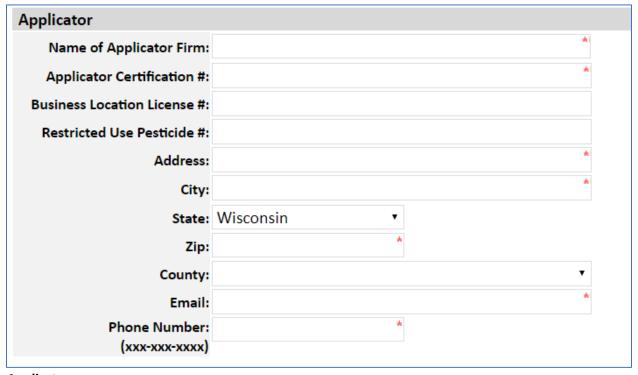
Choose role. If *Lake Organization*, enter the name.

Fill out contact information as accurately as possible. Fields marked with red \* are required.



#### **Waterbody Address**

Enter waterbody contact information. Enter the most accurate address you can find for the site. If you cannot find a specific street address, enter the nearest road name/intersection or fire number. The other fields are optional. Provide that information if it differs from the applicant contact information above.



## **Applicator**

Enter applicator contact information. The certification number is for the person(s) applying the herbicide and the business location license # is for the firm. If you do not know the numbers, you can

search by last name and by business here: <a href="www.kellysolutions.com/WI/Applicators/index.asp">www.kellysolutions.com/WI/Applicators/index.asp</a> Valid numbers for all people who will be handling (loading unsealed herbicide containers, mixing, or applying) must be supplied and the business also must be currently licensed with DATCP. Enter more than 1 number separated by a comma.

Adjacent Riparian Property Owners or Other Individuals Sponsoring Removal							
Individuals and organizations (e.g. Lake District, Lake Association, Property Owners Association, County Department of Recreation), sponsoring removal.							
Uploaded riparian owners to attachment tab							
Name	Name Address Phone Email Address						
*	* *						
Add Contact							

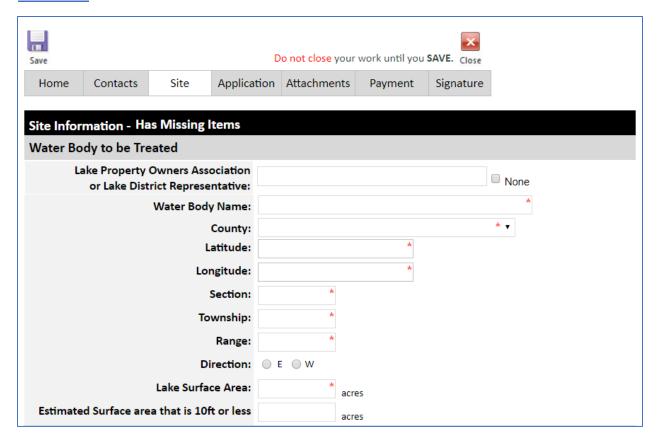
## Adjacent Riparian Property Owner Names or Other Individuals Sponsoring Removal

If you checked Yes to the previous question "Is there more than one property owner?" you are required to enter their name(s) and address(es). This is also needed if there are riparian property owners within 150' of the site.

Check the *Uploaded riparian owners to attachment tab* box and upload a list of names and addresses as a separate file in a later tab OR fill in blanks in this section. Use the *Add Contact* button to add more fields as needed.

Click Continue to Next Tab

## **Site Tab**



## **Waterbody to Treated**

#### Lake Property Owners' Association or Lake District Representative:

Enter name if applicable. If none, check the **None** box.

#### **Waterbody Name and County:**

Enter the most accurate name and county corresponding to the site. The name could be waterbody name, property name, wildlife area name, etc.

#### Latitude/Longitude:

Select a point anywhere near the center of your project that best represents the lat/long. Ensure enough digits are used for lat/long to specifically locate the site.

#### **Township-Range-Section (TRS):**

Select the TRS parcel that best represents the site, such as the one closest to the center. Use 2-digit numbers (01, 02, etc) for TRS and make sure either E (east) or W (west) is selected.

#### **Lake Surface Area:**

Supply the total area of contiguous lake, wetland, etc. within which you are proposing to do herbicide treatment. There can be isolated pockets of treatment within the total area; it is sometimes appropriate to include several isolated wetlands onto one permit if they are part of the same project, and they are

near the same lake, for example. If in doubt about what can be included in a single permit, check with your APM coordinator.

#### Estimated Surface Area that is 10 Feet or Less in Depth:

Enter best estimate. For wetlands, most will be all shallow water, so the area would be the same as indicated in Lake Surface Area.

Area(s) Pro	posed f	or (	Control:							
Treatment	Length		Treatment Width	_		ted Acreage	<u>Avera</u>	g <u>e Depth</u>	<u>Calcu</u>	ulated Volume
100	ft.	x	100 f	+ 43,560 ft. <sup>2</sup> =	0.23	ac	5	ft =	1.15	ac-ft
200	ft.	x	400 f	+ 43,560 ft. <sup>2</sup> =	1.84	ac	10	ft =	18.37	ac-ft
Insert iter	n									
				Estimated Acreag		2.07 ac	Calcu	lated Volume Grand Total		ac-ft

## **Proposed Treatment Area**

#### **Area(s) Proposed for Control:**

Determine the entire acreage of the contiguous wet area. You can figure that out using free tools such as Google Earth, WISFIRS, or the surface water data viewer (SWDV) here: <a href="https://dnrmaps.wi.gov/H5/?Viewer=SWDV">https://dnrmaps.wi.gov/H5/?Viewer=SWDV</a>

Use the area measurement tool to delineate the wet area within which you want to control plants. Sometimes this may include getting a best estimate of scattered treatment areas within a larger wet area. Enabling the Wetland layer can help for certain wetland sites, and high ground does not need to be included since that area would not be wet.

Make a best effort to enter length, width, and depth for each polygon and the form will calculate the acreage and provide a grand total. Use the **Insert Item** button to add more polygons.

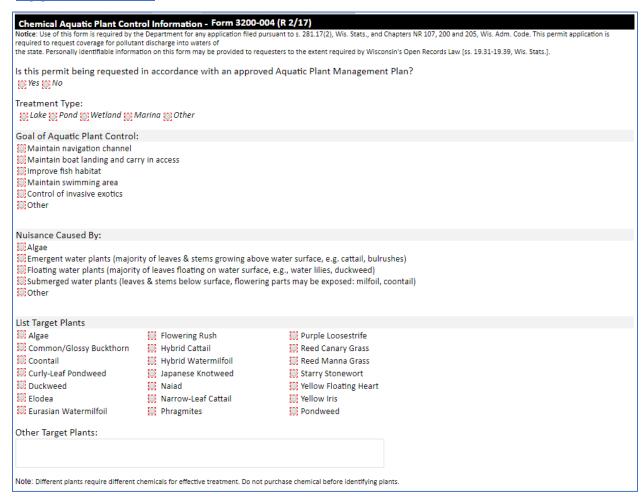
In cases where this is not feasible, enter an estimated grand total acreage and leave the other fields blank. Enter 1 for average depth of wetlands.

If the Grand Total is more than 10 acres, or more than 10% of the "Lake Surface Area" above, this is considered a large-scale treatment. (See below for additional requirements for large-scale treatments, and ensure Public Notice is uploaded under the *Attachments Tab*).

Is this area within or adjacent to a sensitive area designated by the Department of Natural Resources? Answer yes or no. If uncertain, you can use SWDV to check using the "Critical Habitat Areas" layer feature or contact your local APM Coordinator.

Click Continue to Next Tab.

## **Application Tab**



## **Chemical Aquatic Plant Control Information**

Most questions are self-explanatory and are required fields. Please ensure answers are as accurate as possible. Make sure you include all species you intend to control using herbicide in a given year on the site. Use the **Other Target Plants** box to enter additional species.

Chemical Control			
Full Trade Name of Propo	sed Chemical(s)		
Select Chemical Name:			* ▼
Add Herbicide			
Other (not listed above)	Other:		
Have the proposed chem	icals been permitte	ed in a prior year on the proposed site?	
Method of Application:	Select pre-defined	or type in an other value	^▼
What were the results of	the treatment?		
NOTE: Chemical fact sheets  Alternatives to Chemical			epartment of Natural Resources upon request.
Mechanical harvesting	Yes O No		
2. Manual removal	O Yes O No	0	
3. Sediment screens/covers	O Yes O No	0	
4. Dredging	O Yes O No	0	
5. Lake drawdown	O Yes O No		
6. Nutrient controls in water			
7. Other:	○ Yes ○ No		
Note: If proposed treatment invol	ves multiple properties, o	consider feasibility of EACH alternative for EACH prop	erty owner.
Will surface water outflow	v and/or overflow b	be controlled to prevent chemical loss?	
Is the treatment area grea	ater than 5% of surf	face area?	

## **Chemical Control**

#### Full Trade Name(s) of Proposed Chemicals:

Use the dropdown list to select the proposed chemicals you wish to use and use the *Add Herbicide* button to enter more than one.

If a chemical is not listed, enter the full trade name under "Other" as long as it is registered for aquatic use in Wisconsin and that its use at the site is consistent with the site type(s) listed on the label. For instance, if a chemical lists canals (and that's the only wet site listed), the chemical cannot be used in a wetland. Herbicides registered for use in Wisconsin can be searched here, including the labels: <a href="https://www.kellysolutions.com">www.kellysolutions.com</a> and click on the map of Wisconsin.

#### Method of Application and past results:

Describe how the herbicides will be applied by choosing from the dropdown or entering a custom explanation. Describe any past results if the site was permitted in prior years.

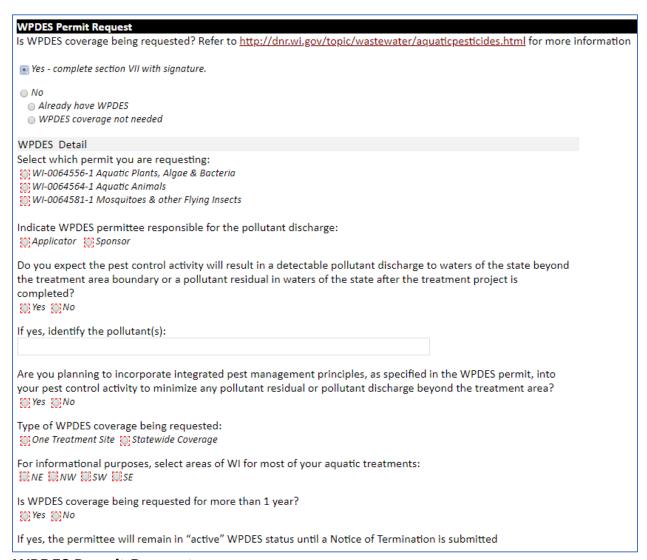
#### **Alternatives to Chemical Control:**

Answer these appropriately and be sure to enter a reason if that alternative was not considered.

#### Surface water outflow be controlled?

For wetlands, answer No unless there is a check dam of some kind downstream from the treatment sites that will be used.

Remaining questions: Answer appropriately.



## **WPDES Permit Request**

WPDES permits are required to comply with the Clean Water Act. Therefore, it is separate from the DNR required NR 107 permit. It has been included in this form to minimize paperwork. Chemicals applied to "waters of the state" – which includes any public or private surface water including wet sites with saturated soils – are considered a point source pollution and require permission to discharge.

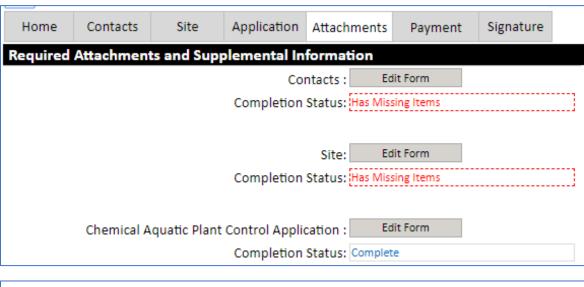
It is the responsibility of the person who applies for a permit that someone involved in the treatment has WPDES coverage for their business. There is no cost for WPDES permits, and it would be valid for a period of 5 years.

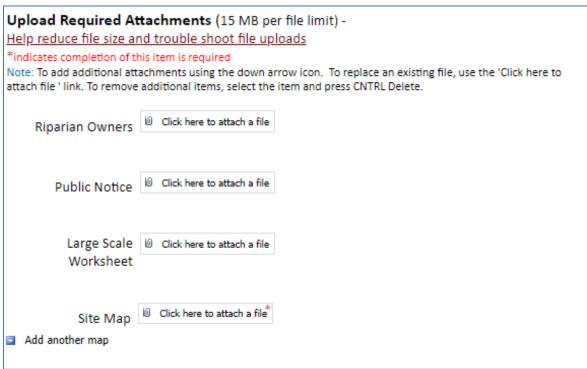
WPDES permits are administered by the Wastewater Bureau. Jennifer Jerich oversees this WPDES permit for the Wisconsin DNR. If needed, see detailed information here: <a href="https://dnr.wi.gov/topic/wastewater/aquaticpesticides.html">https://dnr.wi.gov/topic/wastewater/aquaticpesticides.html</a>

Fill out the appropriate responses and then click Attachments.

## **Attachments Tab**

Check that Contacts, Site, and Chemical Aquatic Plant Control Application are marked *Complete* on this tab. If marked *Has Missing Items* as shown here, go back to the tab and enter the required fields.





## **Upload Required Attachments**

#### **Riparian Owners:**

If you checked the box from the *Contacts Tab*, you are required to upload a file containing the owners list.

#### **Public Notice and Large-Scale Worksheet:**

Required only if the estimated acreage is greater than 10 OR if the estimated acreage is greater than 10% of the water body area that is 10 feet or less in depth.

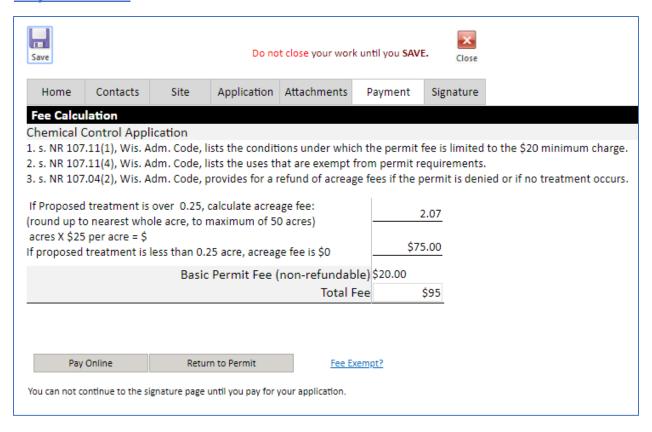
#### Site Map:

Outline the proposed treatment area and ensure that the map includes some landmarks such as roads and access points. Indicate the direction of surface water flow out of the unit if applicable. If there is a river or creek, draw an arrow and label it "flow". Use the tools used for calculating acreage to generate a map (e.g., <a href="https://dnrmaps.wi.gov/H5/?viewer=SWDV">https://dnrmaps.wi.gov/H5/?viewer=SWDV</a>).

Use the **Add another map** button to add any other documents you wish to submit with the application.

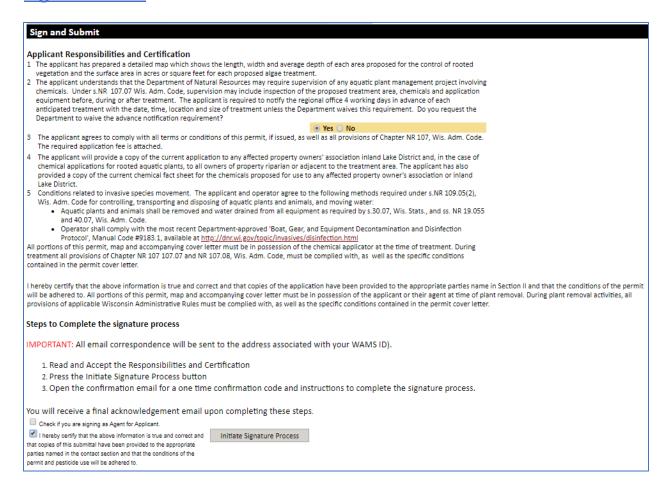
Click the **Payment** tab at the top of the page.

## **Payment Tab**



The fee is calculated from the acreage information entered on the Site tab. Click **Pay Online** to begin the payment process and follow the instructions. Then click the **Signature** tab.

## **Signature Tab**



Review Applicant Responsibilities and Certification items 1-5 before starting the signature process. You are agreeing with these statements or signifying you have completed them. Under item 2, you may request that APM staff not supervise the treatment, but the program may require it, in which case you would need to give notice to the regional APM staff of any application at least 4 business days before the treatment. If this is the case, your permit cover letter will specify this.

If there were one or more property owners adjacent to your treatment area, or a lake organization representative listed in section II, signing your permit indicates you have provided a copy of this permit to them. You can mail via postal service, email, or hand-deliver a copy. You can also mail a post-card containing a link to a live website where a copy of the permit application can be read in full.

The signature process has two steps. Please read the instructions carefully. Check the first box ONLY if you are "agent for applicant." Check the "I hereby certify..." box and click Initiate Signature Process. Follow prompts and you will receive an email. You will need to click the link there in order to finalize the signature process.

# Chemical Permit Application for Private Sites (3200-155)

Navigate to the <u>ePermitting site</u> and select the Aquatic Plant Management permit category on the left side. The following screen will appear:

Aquatic Plant Management  NOTE: Missing or incomplete fields are highlighted at the bottom of each page. You may save, close and return to your draft permit as often as necessary to complete your application. If there are no updates in 90 days, your draft is deleted					
	PLEASE NOTE: You must complete the section below before conti	nuing.			
Site or Project Name:	The permit application will be saved automatically with this name				
Activity	Select Activity ★ ▼				
,	PM permit application, the DNR encourages applicants to contact their local cts/Contacts.aspx?role=AP_MNGT	APM Contact:			

## **Home Tab**

## **Site or Project Name:**

Enter name of the waterbody/wetland site to be treated. It is best to use the pond owner's name here.

## **Activity:**

Select Chemical Control Application.

The permit is now saved under your drafts and the following screen will appear:

	Aquatic Plant Management  NOTE: Missing or incomplete fields are highlighted at the bottom of each page. You may save, close and return to your draft permit as often as necessary to complete your application. If there are no updates in 90 days, your draft is deleted								
Home									
	PLEASE NOTE: You must complete the section below before continuing.								
Activity Eligibility (All questions n	Site or Project Name:  Example Pond  The permit application will be saved automatically with this name  Activity  Chemical Control Application  Is there more than one property owner?  (All questions must be no for it to be considered a private pond.)  Example Pond  The permit application will be saved automatically with this name  Yes  No  Yes  No  Does the water body have public access?  Yes  No								
Before completing your APM permit application, the DNR encourages applicants to contact their local APM Contact: http://dnr.wi.gov/lakes/contacts/Contacts.aspx?role=AP_MNGT									
Enter previous years permit information below to import Contact Information (Optional)  Permit ID #: NE-2020-12-3456  Business Certification Number: 93-123456-789123									
	ocate last years perr	<u>nit</u>							

## **Eligibility**:

Answer questions based on the proposed treatment site. You must answer the questions before proceeding. These should all be "no" to fit the definition of a private site. If any are "yes", the site is considered non-private and will be automatically directed to the non-private form. Please see <a href="Instructions for Chemical Permit Application Non-Private Sites">Instructions for Chemical Permit Application Non-Private Sites</a> (3200-004)

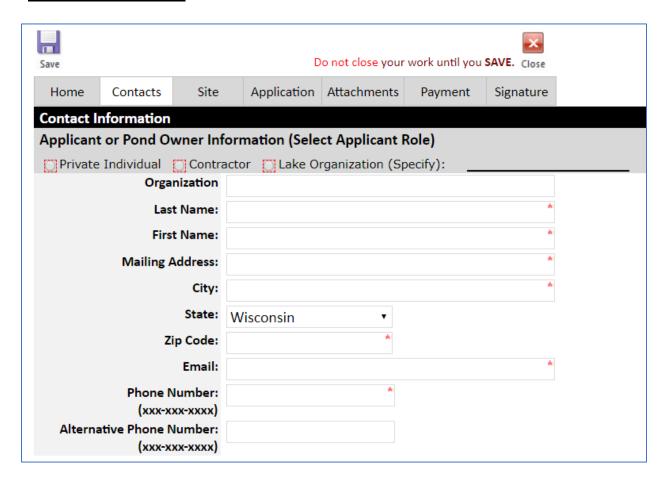
## **Enter previous years information (Optional)**

To autofill the administrative information from a previous permit, enter previous permit number and your business certification number and click *Import Permit*.

Click *Contacts* Tab at the top to proceed.

## **Contacts Tab**

## **Contact Information**



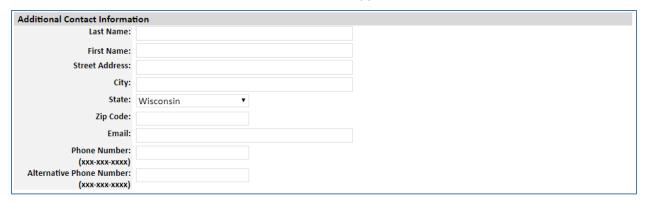
#### **Applicant or Pond Owner Information (Select Applicant Role)**

Role should be *Private Individual*.

Fill out contact information as accurately as possible. Fields marked with red \* are required.

## **Additional Contact Information**

Enter additional contact information if it differs from the applicant contact information above.



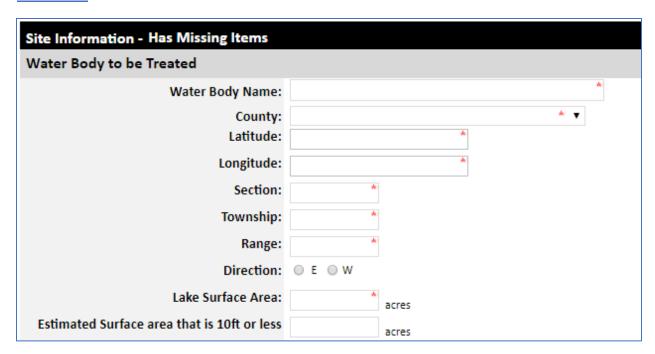
Applicator		
Name of Applicator Firm:	*	
Applicator Certification #:	*	
Business Location License #:		
Restricted Use Pesticide #:		
Address:	*	
City:	*	
State:	Wisconsin ▼	
Zip:	*	
County:	•	
Email:	*	
Phone Number:	*	
(xxx-xxx-xxxx)		

## **Applicator**

Enter applicator contact information. The certification number is for the person(s) applying the herbicide and the business location license # is for the firm. If you do not know the numbers, you can search by last name and by business here: <a href="www.kellysolutions.com/WI/Applicators/index.asp">www.kellysolutions.com/WI/Applicators/index.asp</a> Valid numbers for all people who will be handling (loading unsealed herbicide containers, mixing, or applying) must be supplied and the business also must be currently licensed with DATCP. Enter more than 1 number separated by a comma.

Click Continue to Next Tab

## **Site Tab**



## **Waterbody to Treated**

## **Waterbody Name and County:**

Enter the owner's name and county corresponding to the site.

#### Latitude/Longitude:

Select a point anywhere near the center of your project that best represents the lat/long. Ensure enough digits are used for lat/long to specifically locate the site.

## Township-Range-Section (TRS):

Select the TRS parcel that best represents the site, such as the one closest to the center. Use 2-digit numbers (01, 02, etc) for TRS and make sure either E (east) or W (west) is selected.

#### **Lake Surface Area:**

Supply the total area of contiguous pond within which you are proposing to do herbicide treatment.

#### **Estimated Surface Area that is 10 Feet or Less in Depth:**

Enter best estimate.



## **Proposed Treatment Area**

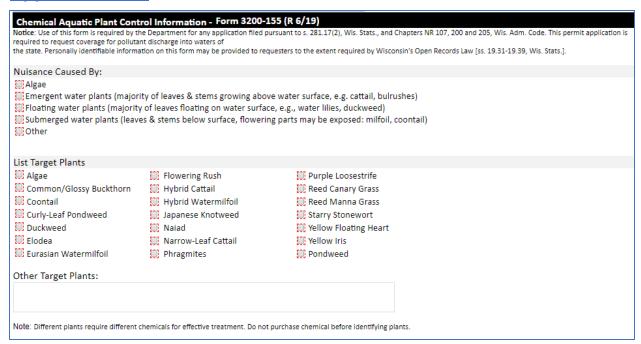
## Area(s) Proposed for Control:

Determine the entire acreage of the contiguous wet area. You can figure that out using free tools such as Google Earth, WISFIRS, or the surface water data viewer (SWDV) here: <a href="https://dnrmaps.wi.gov/H5/?Viewer=SWDV">https://dnrmaps.wi.gov/H5/?Viewer=SWDV</a>

Use the area measurement tool to delineate the pond area and determine an estimated acreage. Use the **Insert Item** button to add more sites if there is more than one pond. The form with automatically calculate a sum.

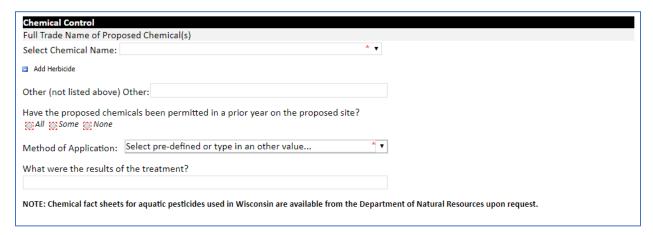
Click Continue to Next Tab.

## **Application Tab**



## **Chemical Aquatic Plant Control Information**

Most questions are self-explanatory and are required fields. Please ensure answers are as accurate as possible. Make sure you include all species you intend to control using herbicide in a given year on the site. Use the **Other Target Plants** box to enter additional species.



## **Chemical Control**

#### Full Trade Name(s) of Proposed Chemicals:

Use the dropdown list to select the proposed chemicals you wish to use and use the *Add Herbicide* button to enter more than one.

If a chemical is not listed, enter the full trade name under "Other" as long as it is registered for aquatic use in Wisconsin and that its use at the site is consistent with the site type(s) listed on the label. For instance, if a chemical lists canals (and that's the only wet site listed), the chemical cannot be used in a

wetland. Herbicides registered for use in Wisconsin can be searched here, including the labels: <a href="https://www.kellysolutions.com">www.kellysolutions.com</a> and click on the map of Wisconsin.

#### Method of Application and past results:

Describe how the herbicides will be applied by choosing from the dropdown or entering a custom explanation. Describe any past results if the site was permitted in prior years.

Managa a sa
WPDES Permit Request Is WPDES coverage being requested? Refer to <a href="http://dnr.wi.gov/topic/wastewater/aquaticpesticides.html">http://dnr.wi.gov/topic/wastewater/aquaticpesticides.html</a> for more information
Yes - complete section VII with signature.
<ul> <li>No</li> <li>Already have WPDES</li> <li>WPDES coverage not needed</li> </ul>
WPDES Detail
Select which permit you are requesting:  WI-0064556-1 Aquatic Plants, Algae & Bacteria  WI-0064564-1 Aquatic Animals  WI-0064581-1 Mosquitoes & other Flying Insects
Indicate WPDES permittee responsible for the pollutant discharge:  @Applicator Sponsor
Do you expect the pest control activity will result in a detectable pollutant discharge to waters of the state beyond the treatment area boundary or a pollutant residual in waters of the state after the treatment project is completed?  [Signature of the pest control activity will result in a detectable pollutant discharge to waters of the state beyond the treatment project is completed?  [Signature of the pest control activity will result in a detectable pollutant discharge to waters of the state beyond the treatment area boundary or a pollutant residual in waters of the state after the treatment project is completed?
If yes, identify the pollutant(s):
Are you planning to incorporate integrated pest management principles, as specified in the WPDES permit, into your pest control activity to minimize any pollutant residual or pollutant discharge beyond the treatment area?  [IN] Yes [IN] No
Type of WPDES coverage being requested:  One Treatment Site Statewide Coverage
For informational purposes, select areas of WI for most of your aquatic treatments:  NE NOW SW SSE
Is WPDES coverage being requested for more than 1 year?  [S] Yes [S] No
If yes, the permittee will remain in "active" WPDES status until a Notice of Termination is submitted

## **WPDES Permit Request**

WPDES permits are required to comply with the Clean Water Act. Therefore, it is separate from the DNR required NR 107 permit. It has been included in this form to minimize paperwork. Chemicals applied to "waters of the state" – which includes any public or private surface water including wet sites with saturated soils – are considered a point source pollution and require permission to discharge.

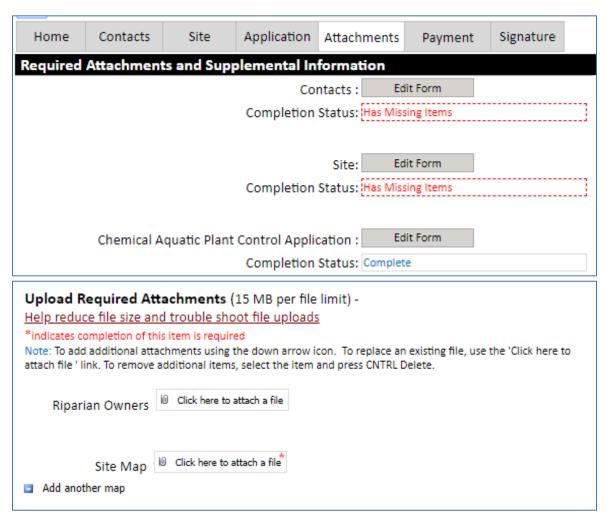
It is the responsibility of the person who applies for a permit that someone involved in the treatment has WPDES coverage for their business. There is no cost for WPDES permits, and it would be valid for a period of 5 years.

WPDES permits are administered by the Wastewater Bureau. Jennifer Jerich oversees this WPDES permit for the Wisconsin DNR. If needed, see detailed information here: <a href="https://dnr.wi.gov/topic/wastewater/aquaticpesticides.html">https://dnr.wi.gov/topic/wastewater/aquaticpesticides.html</a>

Fill out the appropriate responses and then click Attachments.

## **Attachments Tab**

Check that Contacts, Site, and Chemical Aquatic Plant Control Application are marked *Complete* on this tab. If marked *Has Missing Items* as shown here, go back to the tab and enter the required fields.



## **Upload Required Attachments**

#### Site Map:

Outline the proposed treatment area and ensure that the map includes some landmarks such as roads and access points. You can use various map tools listed above (e.g., https://dnrmaps.wi.gov/H5/?Viewer=SWDV).

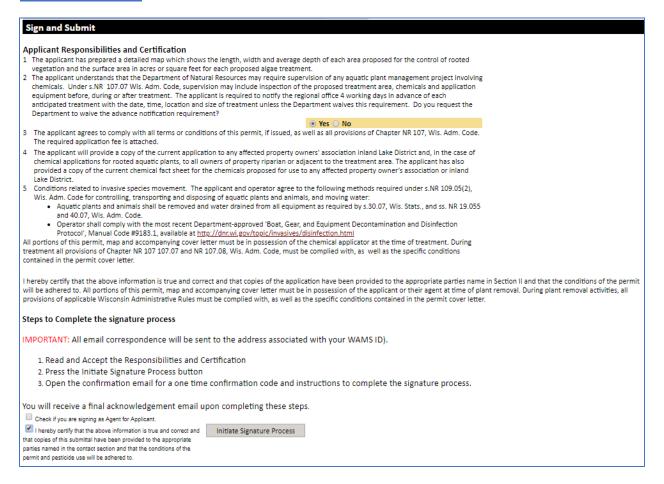
Use the *Add another map* button to add any other documents you wish to submit with the application.

Click the *Payment* tab at the top of the page.

## **Payment Tab**

There is a \$20 base application fee. Click **Pay Online** to begin the payment process and follow the instructions. Then click the **Signature** tab.

## Signature Tab



Review Applicant Responsibilities and Certification items 1-5 before starting the signature process. You are agreeing with these statements or signifying you have completed them. You may request that APM staff not supervise the treatment. The determination will be in your permit cover letter.

If there were any property owners adjacent to your treatment area, signing your permit indicates you have provided a copy of this permit to them. You can mail via postal service, email, or hand-deliver a copy. You can also mail a post-card containing a link to a live website where a copy of the permit application can be read in full.

The signature process has two steps. Please read the instructions carefully. Check the first box ONLY if you are "agent for applicant." Check the "I hereby certify..." box and click Initiate Signature Process. Follow prompts and you will receive an email. You will need to click the link there in order to finalize the signature process.

# Mechanical/Manual Permit Application (3200-113)

Navigate to the <u>ePermitting site</u> and select the Aquatic Plant Management permit category on the left side. The following screen will appear:

Aquatic Plant Management  NOTE: Missing or incomplete fields are highlighted at the bottom of each page. You may save, close and return to your draft permit as often as necessary to complete your application. If there are no updates in 90 days, your draft is deleted								
	PLEASE NOTE: You must complete the section below before contin	nuing.						
Site or Project Name:	*							
	The permit application will be saved automatically with this name							
Activity	Select Activity ★ ▼							
,	Activity  Select Activity  Before completing your APM permit application, the DNR encourages applicants to contact their local APM Contact: http://dnr.wi.gov/lakes/contacts/Contacts.aspx?role=AP_MNGT							

## **Home Tab**

## **Site or Project Name:**

Enter name of the waterbody/wetland site to be treated.

## **Activity:**

Select Mechanical Control Application.

The permit is now saved under your drafts and the following screen will appear:

Aquatic Plant Management

NOTE: Missing or incomplete fields are highlighted at the bottom of each page. You may save, close and return to your draft permit as often as necessary to complete your application. If there are no updates in 90 days, your draft is deleted

		61.				6'		
Home	Contacts	Site	Application	Attachments	Payment	Signature		
	Р	LEASE NO	OTE: You mus	t complete th	e section be	low before cor	ntinuing.	
Site or P	roject Name		ple Lake					
A -44-34-			rmit application nanical Control	will be saved aut	omatically wit	n this name	•	
Activity		Moon	iumcur comico	rippiicution				
http://dnr.w	i.gov/lakes/cor	ntacts/Cor	ntacts.aspx?rol	e=AP_MNGT				
Enter pre	evious years p	ermit in	formation be	low to import	Contact In	formation (Op	tional)	
		Permit I	D #: NE-2020-	·12-3456M			-	
Busin	ess Certificati	on Num	ber: 93-1234!	56-789123				
How to lo	ocate last <u>years pe</u>	<u>ermit</u>						
Impo	ort Permit	17						

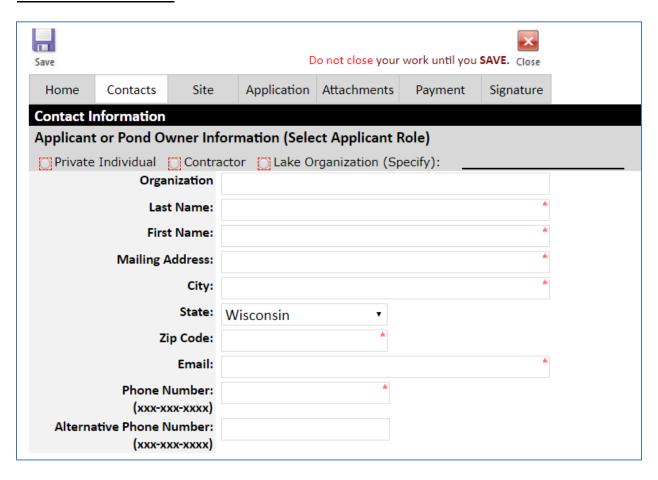
## **Enter previous years information (Optional)**

To autofill the administrative information from a previous permit, enter previous permit number and your business certification number and click Import Permit.

Click *Contacts* Tab to proceed.

## **Contacts Tab**

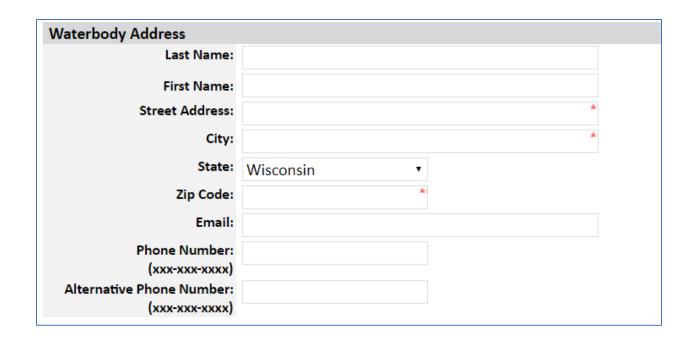
## **Contact Information**



## **Applicant or Pond Owner Information (Select Applicant Role)**

Choose role. If Lake Organization, enter the name.

Fill out contact information as accurately as possible. Fields marked with red \* are required.



## **Waterbody Address**

Enter waterbody contact information. Enter the most accurate address you can find for the site. If you cannot find a specific street address, enter the nearest road name/intersection or fire number. The other fields are optional. Provide that information if it differs from the applicant contact information above.



## **Removal Firm Information (if sub contracted)**

Enter contact information if applicable.

# Adjacent Riparian Property Owners or Other Individuals Sponsoring Removal In the attachment section, attach a copy of a lake map that includes the property(s) to be harvested. On the map identify the following required information. • Area and dimensions of each proposed plant removal area. • Location of all riparian neighbors (property owners riparian to and adjacent to the proposed removal area) including project participants and non-participants. Consecutively number each riparian neighbor (both project participants and non-participants). In the space below: • Name all riparian owners, including project participants & non-participants. The number should correspond with the numbered properties on the map. Attach additional sheets if necessary. • Check Yes box to indicate project participants and No box for non-participants. Name of Riparian Neighbor Project Participant Control Dimensions (calculated acreage) \* Yes No 0.00

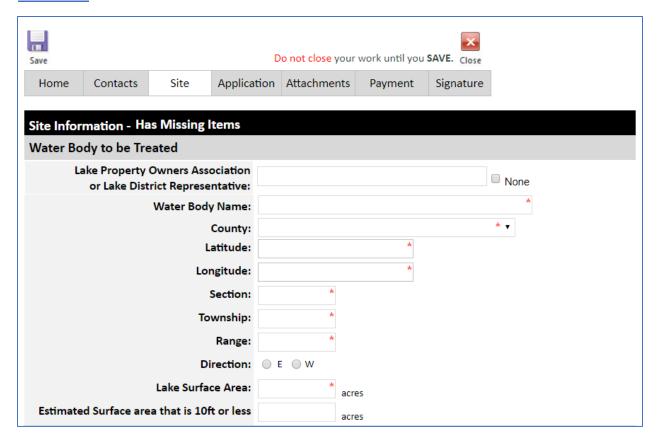
#### Adjacent Riparian Property Owner Names or Other Individuals Sponsoring Removal

Enter name(s) of project participants and/or if there are riparian property owners within 150' of the site. Indicate which are participants and which are not. Use *Insert Riparian Owner* button to add more names.

If you prefer to upload a list as a separate file, enter "see attached list" and choose No for project participant. Be sure to then upload a list in the **Attachments** tab containing the necessary information.

Click Continue to Next Tab

## **Site Tab**



## **Waterbody to Treated**

## Lake Property Owners' Association or Lake District Representative:

Enter name if applicable. If none, check the **None** box.

#### **Waterbody Name and County:**

Enter the most accurate name and county corresponding to the site. The name could be waterbody name, property name, wildlife area name, etc.

#### Latitude/Longitude:

Select a point anywhere near the center of your project that best represents the lat/long. Ensure enough digits are used for lat/long to specifically locate the site.

#### Township-Range-Section (TRS):

Select the TRS parcel that best represents the site, such as the one closest to the center. Use 2-digit numbers (01, 02, etc) for TRS and make sure either E (east) or W (west) is selected.

#### **Lake Surface Area:**

Supply the total area of contiguous lake, wetland, etc. within which you are proposing to do herbicide treatment. There can be isolated pockets of treatment within the total area; it is sometimes appropriate to include several isolated wetlands onto one permit if they are part of the same project, and they are

near the same lake, for example. If in doubt about what can be included in a single permit, check with your APM coordinator.

#### Estimated Surface Area that is 10 Feet or Less in Depth:

Enter best estimate. For wetlands, most will be all shallow water, so the area would be the same as indicated in Lake Surface Area.

ngth of project area 1,000	ft. x Shoreline	or area width 500	ft. /43,56	50= 11.478 Es	timated Acreage A	vg. Depth 5 f	t.
Insert item							
ffshore Control Site Length	150 ft. x Sh	oreline or area width	500 ft	. /43,560= 1.72	22 Estimated Acr	eage Avg. Depth	5 ft.
Insert item							

## **Proposed Treatment Area**

Determine the entire acreage of the contiguous treatment area. You can figure that out using free tools such as Google Earth, WISFIRS, or the surface water data viewer (SWDV) here: <a href="https://dnrmaps.wi.gov/H5/?Viewer=SWDV">https://dnrmaps.wi.gov/H5/?Viewer=SWDV</a>

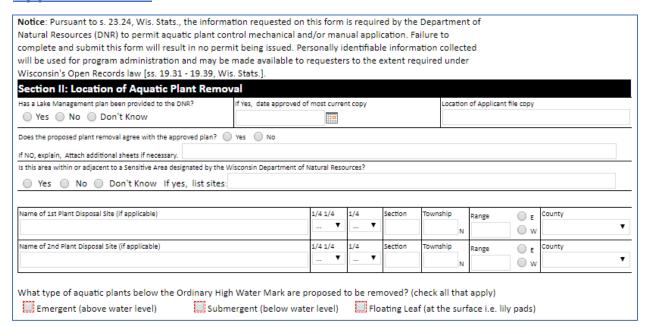
Use the area measurement tool to delineate the wet area within which you want to control plants. Sometimes this may include getting a best estimate of scattered treatment areas within a larger wet area. Enabling the Wetland layer can help for certain wetland sites, and high ground does not need to be included since that area would not be wet.

Make a best effort to enter *length*, *width*, and *depth* for each polygon and for offshore control sites. The form will calculate the acreage and provide a grand total. Use the **Insert Item** button to add more fields.

In cases where this is not feasible, enter a *total estimated acreage* and leave the other fields blank. Enter 1 for average depth of wetlands.

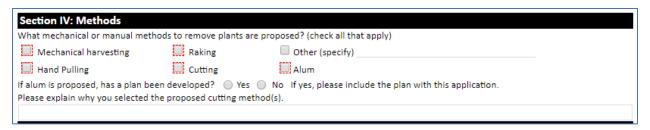
Click Continue to Next Tab.

## **Application Tab**



## **Section II: Location of Aquatic Plant Removal**

Fill out fields as accurately and completely as possible. For "attach additional sheets if necessary", files can be uploaded in addition to a map in the **Attachments** tab.



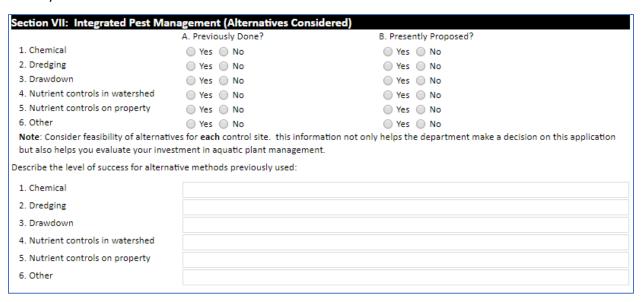
## **Section IV: Methods**

Fill out fields as accurately and completely as possible. For including an alum plan, files can be uploaded in addition to a map in the **Attachments** tab.

Section VI: Reasons for Aquatic Plant Removal	
Purpose of Aquatic Plant Removal:	Nuisance Caused By:
Maintain navigational channel for common use	Emergent water plants
Maintain private boat access	Submergent water plants
Maintain private access for fishing	Floating water plants
Improve Swimming	Other
Other	
Name of plants, if known	

## **Section VI: Reasons for Aquatic Plant Control**

Fill out fields as accurately and completely as possible. Be sure to name any plant species you can identify.



## Section VII: Integrated Pest Management (Alternatives Considered)

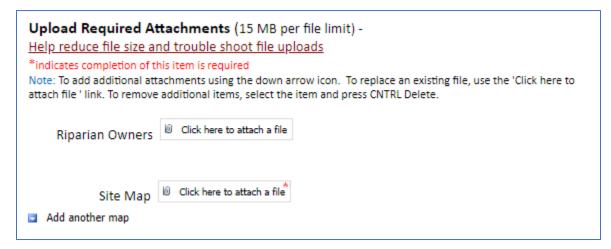
Fill out fields as accurately and completely as possible. Remember that it is important to consider the feasibility of alternative for each control site. It helps the department make a decision on the application and helps you evaluate your investment in aquatic plant management.

Click the Attachments tab when complete.

## **Attachments Tab**

Check that Contacts, Site, and Mechanical-Manual Plant Control Application are marked *Complete* on this tab. If marked *Has Missing Items* as shown here, go back to the tab and enter the required fields.

Required Attachments and Supplemental Information	tion
Contacts :	Edit Form
Completion Status:	Has Missing Items
Site:	Edit Form
Completion Status:	Has Missing Items
Mechanical - Manual Plant Control Application :	Edit Form
Completion Status:	Complete



## **Upload Required Attachments**

#### **Riparian Owners:**

If you enter "See attachment" in the riparian owner fields from the *Contacts Tab*, please upload a file containing the owners list and project participant information here.

#### Site Map:

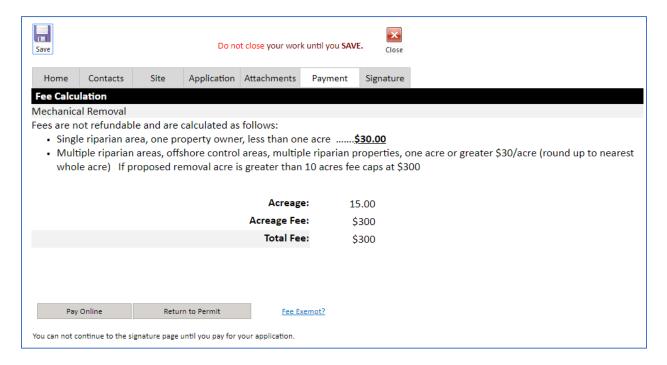
Outline the proposed treatment area and ensure that the map includes some landmarks such as roads and access points. Indicate the direction of surface water flow out of the unit if applicable. If there is a

river or creek, draw an arrow and label it "flow". Use the tools used for calculating acreage to generate a map (e.g., <a href="https://dnrmaps.wi.gov/H5/?viewer=SWDV">https://dnrmaps.wi.gov/H5/?viewer=SWDV</a>).

Use the *Add another map* button to add any other documents you wish to submit with the application.

Click the **Payment** tab at the top of the page.

## **Payment Tab**



The fee is calculated from the acreage information entered on the Site tab. Click **Pay Online** to begin the payment process and follow the instructions. Then click the **Signature** tab.

## **Signature Tab**

The signature process has two steps. Please read the instructions carefully. Check the first box ONLY if you are "agent for applicant." Check the "I hereby certify..." box and click *Initiate Signature Process*. Follow prompts and you will receive an email. You will need to click the link there in order to **finalize** the signature process.

# Chemical Treatment Record (3200-111)

Navigate to the <u>ePermitting site</u> and select the Aquatic Plant Management permit category on the left side. The following screen will appear:

Aquatic Plant Management  NOTE: Missing or incomplete fields are highlighted at the bottom of each page. You may save, close and return to your draft permit as often as necessary to complete your application. If there are no updates in 90 days, your draft is deleted									
PLEASE NOTE: You must complete the section below before continuing.									
Site or Project Name:	*								
	The permit application will be saved automatically with this name								
Activity	Select Activity ★ ▼								
Before completing your APM permit application, the DNR encourages applicants to contact their local APM Contact: http://dnr.wi.gov/lakes/contacts/Contacts.aspx?role=AP_MNGT									

## **Home Tab**

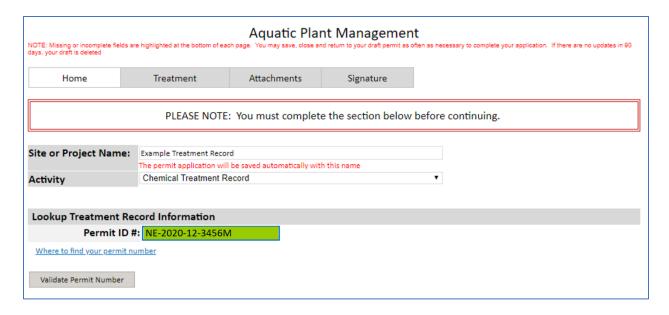
## **Site or Project Name:**

Enter name of the waterbody/wetland site that you treated.

## **Activity:**

Select Chemical Treatment Record.

The treatment record is now saved under your drafts and the following screen will appear:



#### **Lookup Treatment Record information**

Enter the permit number for the treatment record you are submitting and click *Validate Permit Number*.

**Important Note:** This is case sensitive (use capital letters) and sensitive to extra spaces/characters before or after the number. Please make sure the number is entered exactly as shown on your permit.

Click *Treatment* Tab to proceed.

## **Treatment Tab**

State of Wisconsin Department of Natural Resources dnr.wi.gov

#### Aquatic Plant Management Herbicide Treatment Record

Form 3200-111 (R 11/16)

Page 1 of 2

Notice: Completion of this form is a condition of the permit and provides records required by WDNR (NR 107) and DATCP (ATCP 29.21 and 29.22). The Department may not issue you future permits unless you complete and submit this form. Personal information collected will be used for administrative purposes and may be provided to requesters to the extent required by Wisconsin's Open Records Law [ss. 19.31-19.39, Wis. Stats.].

Submit this form: (1) immediately if any unusual circumstances occurred during treatment

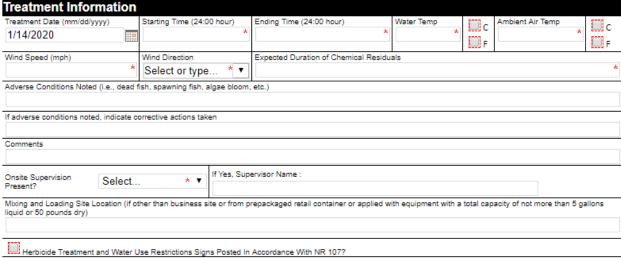
- (2) as soon after treatment as possible, no later than 30 days
- (3) by October 1 if no treatment occurred

Completion of this form along with the permit satisfies the requirements of WDNR (NR 107) and DATCP (ATCP 29.21 and 29.22).



## **General Permit Information**

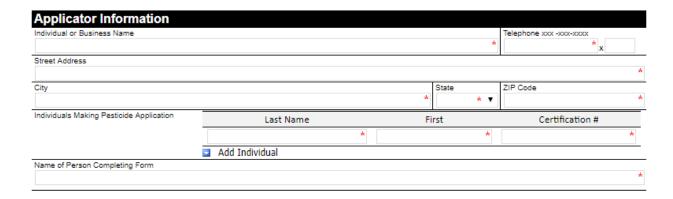
Fill out fields as accurately and completely as possible. Red \* indicates required fields.



Applicator shall provide each customer with a free copy of each pesticide label used (if requested)

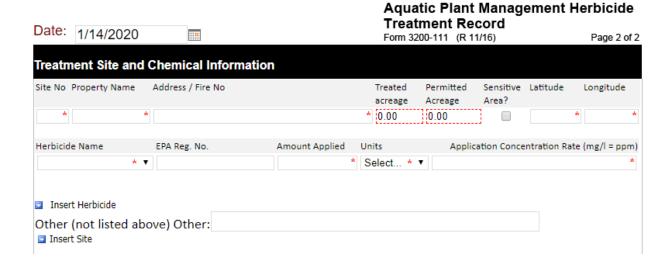
## **Treatment Information**

Fill out fields as accurately and completely as possible. Red \* indicates required fields. For Treatment Date, please only enter one date. If you treated on a second date, please submit that as a separate treatment record.



## **Applicator Information**

Fill out fields as accurately and completely as possible. All fields are required. Use the *Add Individual* button to add names and certification numbers for everyone who was part of the treatment.



## **Treatment Site and Chemical Information**

Fill out fields as accurately and completely as possible. Fields with red \* are required. Use the *Insert Herbicide* and *Insert Site* buttons to add additional information. Use the *Other* box to add chemicals not listed in the dropdown menu. Include an accurate lat/long for each site treated.

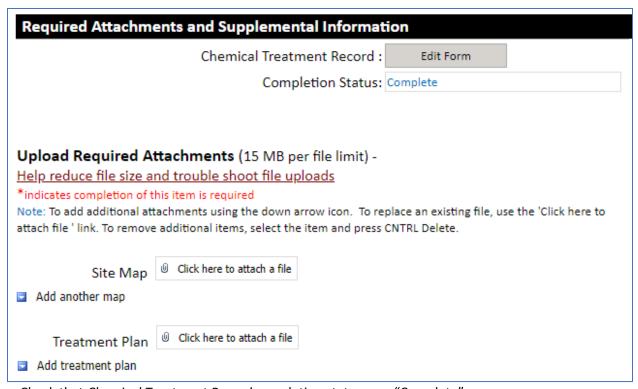
Aqu	ıati	cs at Treatment S	Site: TS=Ta	ırge	t Sp	oecies SP= Spe	cies Present				
TS	SP		Site(s)	TS	SP		Site(s)	TS	SP		Site(s)
		Cattail				Flat-Stem Pondweed				Richardson Pondweed	
		Chara				Floating-Leaf Pondweed				Robbins Pondweed	
		Coontail				Illinois Pondweed				Sago Pondweed	
		Curly-Leaf Pondweed				Large-Leaf Pondweed				Watershield	
		Duckweed				Northern Milfoil				White Water Lily	
		Elodea				Phragmites				Wild Celery	
		Eurasion /hybrid Milfoil				Planktonic Algae				White-Stem Pondweed	
		Filamentous Algae				Purple Loosestrife					

## **Aquatics at Treatment Site**

Indicate the plant species found during treatment using the check boxes. For records with more than one treatment site, indicate at which site(s) each species was found. Use the blank box on the lower right to add additional species not included on the list.

Click the *Attachments* tab to proceed.

## **Attachments Tab**



Check that Chemical Treatment Record completion status says "Complete".

Upload Site Map and/or Treatment Plan if necessary.

Click the **Signature Tab** to proceed.

# **Signature Tab**

Sign and Submit						
Applicant Responsibilities and Certification  I certify that I have completed the Chemical Treatment Record as required by WDNR (NR107) and DATCP (ATCP 29.21 and 29.22).						
Steps to Complete the signature process						
IMPORTANT: All email correspondence will be sent to the address associated with your WAMS ID).						
<ol> <li>Read and Accept the Responsibilities and Certification</li> <li>Press the Initiate Signature Process button</li> <li>Open the confirmation email for a one time confirmation code and instructions to complete the signature process.</li> </ol>						
You will receive a final acknowledgement email upon completing these steps.						
Check if you are signing as Agent for Applicant.						
☐ I hereby certify that the above information is true and correct and						
that copies of this submittal have been provided to the appropriate						
parties named in the contact section and that the conditions of the						
permit and pesticide use will be adhered to.						

The signature process has two steps. Please read the instructions carefully. Check the first box ONLY if you are "agent for applicant." Check the "*I hereby certify...*" box and click *Initiate Signature Process*. Follow prompts and you will receive an email. You will need to click the link there in order to **finalize** the signature process.